

APPENDIX B. HOMELESSNESS AND THE CONTINUUM OF CARE

1. Describe the jurisdiction's strategy for helping low-income families avoid becoming homeless.

Prevention

Prevention services take different forms:

Rent and utilities assistance, combined with case management, is available to families and individuals through nonprofit community-based service providers located within, and accessible to, people in all eight wards of the city, and is coordinated by the local *Emergency Food and Shelter Board* (EFSB). ESG funds are part of the funds being used by these EFSB-certified agencies and the Partnership (at family central intake) to provide prevention assistance. ESG funds serve at least 125 families and 90 individuals annually. In 2002 the EFSB established a new program called DC HELP which works through twelve agencies across the city to provide first month's rent and security deposit for persons, some of them homeless or precariously housed, who are ready to move into a home. In addition, the *DC Emergency Assistance Fund*, managed by the *Foundation for the National Capital Region*, is jointly funded by the District, the business community and foundations. This project is funded in part by the *Fannie Mae Foundation's* annual homeless walk and extends services to an additional 500 households identified through the EFSB agencies. *Community Family Life Services* is the largest of many faith-based organizations that provide RMU assistance to prevent homelessness; it assists more than 300 persons annually. The agencies providing either RMU assistance or first month rent/deposit assistance throughout the District are these:

Ward 1

- *Change, Incorporated*
- *Neighbors Consejo*
- *The Family Place*

Ward 2

- *Father McKenna Center*
- *Catholic Charities Downtown Family Center (city-wide)*
- *Families Forward*
- *The Salvation Army*

Ward 3

- *Community Council for the Homeless at Friendship Place*

Ward 4

- *Lutheran Social Services*

Ward 5

- *Catholic Charities (Rhode Island Avenue NE Center)*
- *Refuge of Hope Disciple Center*

Ward 6

- *Community Family Life Services*
- *Capitol Hill Group Ministry*

Ward 7

- *Marshall Heights Community Development Organizations*

Ward 8

- *Community Family Life Services*
- *Our Brother's Keeper Society*

- Legal assistance to prevent homelessness is provided by the *Washington Legal Clinic for the Homeless*, which is on site at Central Intake for families to help resolve problems of benefits and eviction that could make families homeless. The *Legal Aid Society* works to prevent the breakup of families. *University Legal Services* is the District's federally mandated protection and advocacy agency and represents disabled persons who are at risk of becoming homeless.
- The Interim Disability Assistance is a District-funded program that provides about \$350 a month to disabled persons while they await federal SSI and SSDI approval; it helps many adults to remain housed and stay out of the shelters.
- Community-based prevention: The District's *Child and Family Services Administration* has built a community-based system of care to reduce the prevalence of abuse and neglect and prevent placement of children in foster care. These efforts strengthen both communities and individual families to prevent a recurrence of homelessness. All provide rental assistance and other emergency services. The seven "family support collaboratives" serve all eight wards of the city and are each made up of 15-20 neighborhood service organizations that help families with a variety of needs in order to keep them together and keep them housed:
 - *East of the River Family Strengthening Collaborative (Ward 7)*
 - *Columbia Heights/Shaw Family Support Collaborative (Ward 1 & 2)*
 - *Edgewood/Brookland Family Support Collaborative (Ward 5)*
 - *Far Southeast Family Strengthening Collaborative (Ward 8)*
 - *North Capitol Area Healthy Families/Thriving Communities Collaborative (Ward 2 & 5)*
 - *South Washington/West of the River Family Strengthening Collaborative (Ward 2 & 6)*
 - *Georgia Avenue/Rock Creek East Family Support Collaborative (Ward 4)*
- Crisis case management: a) The *Department of Human Services/Family Services Administration* manages the "Strong Families Initiative" that provides case managers who assist families on TANF who are at risk of losing their benefits and possibly losing their housing; b) *DHS and the DC Housing Authority* operate under a "rental vendor" MOU that *prevents evictions of public housing residents* by withholding rent from TANF funds if necessary and providing social services to the families who fall behind in their rents; c) To prevent family homelessness in distressed properties, Deputy Mayor Graham has set up a *Relocation Team* that includes her office, the Office of the Corporation Counsel, the Emergency Management Agency, the Department of Consumer and Regulatory Affairs, Housing Counseling Services and other community-based agencies operating where these properties are located and that have existing relationships with the families. The team works to prevent the abrupt shutdown of substandard properties and dislocation of families into the shelter system; offers incentives for building owners to renovate; helps families relocate with Section 8 vouchers; helps tenants that want to purchase the building to get connected to the city resources they need to do this.

Services planned: The Department of Human Services is developing a program to be based in the Landlord-Tenant Court to offer assistance and develop alternatives to avoid evictions.

How persons access/receive assistance: LROs (*Local Recipient Organizations*) are located throughout the District and constitute the most-used means for accessing prevention assistance. The Partnership and the *DC Emergency Assistance Fund* are both distributing prevention funds through the LROs. This past year the Partnership engaged the family support collaboratives to accept ESG funds and provide prevention funds with case management for families facing homelessness. DHS'

Income Maintenance Administration manages the Interim Disability Assistance program. Legal assistance from Washington Legal Clinic for the Homeless is available in shelters and at central intake for families.

2. Describe how the jurisdiction will reach out to homeless persons and address individual needs:

Outreach

- The following drop-in centers, free kitchens, food pantries, and free medical services are available to ALL homeless persons; i.e., these are used by all homeless subpopulations and for many these programs are an important point of contact for accessing other CoC services:
- The UPO Shelter Hotline provides four year-round radio-dispatched vans that do street outreach and transportation to shelters; it maintains the **1-800-535-7252** by which homeless people and the public at large can call for help.
- The Partnership's Directors of Operations – an active member of the Outreach Focus Group that meets monthly -- coordinates with over a dozen outreach organizations and drop-in centers that provide street outreach to all the areas of the city. Together these organizations make contact annually with more than 1,500 persons on the streets, some chronically homeless District residents and some transient. Outreach organizations have mapped and subdivided their areas to avoid duplication of effort and to assure access to services for as many people as possible. Several provide homeless people with laminated pocket-sized cards that contain information about services.
- The following agencies operate drop-in centers and/or do street outreach and canvassing that serves ALL homeless subpopulations, and all of these see a high proportion of the chronically homeless. Most of them have case managers and counselors who can connect clients to services and housing:
 - 1st Seventh Day Adventist Church (street outreach, case management, meals, serves chronically homeless)
 - Bethany Women's Center (meal program; case management; serves chronically homeless)
 - Capitol Hill Group Ministries (street outreach, case management, meals, serves chronically homeless)
 - Community Council for the Homeless at Friendship Place (street outreach, case management, showers, health care, mental health services, serves chronically homeless)
 - DC Central Kitchen/ First Helping (street outreach, case management, showers, meals, serves chronically homeless)
 - Downtown BID Service Center (street outreach, case management, showers, meals, serves chronically homeless)
 - Father McKenna Center (case management, meals, serves chronically homeless)
 - Georgetown Ministries (street outreach, case management, showers, meals, serves chronically homeless)
 - Neighbor's Consejo (street outreach, case management, showers, meals, Latinos, serves chronically homeless)
 - Rachael's Women Center (street outreach, case management, showers, meals, serves chronically homeless)
 - Salvation Army Grate Patrol (street outreach, case management, serves chronically homeless)
 - Unity Health Care (street outreach, primary medical care, serves chronically homeless)

- Washington Legal Clinic for Homeless (outreach to street and shelters, provides legal representation)
- The following community-based drop-in service centers see ALL homeless subpopulations, but do not handle a high proportion of chronically homeless:
 - Allen Community Outreach Center
 - Community Family Life Services – case management, employment assistance, prevention
 - Marshall Heights Community Development Organization – UPO Service Center
 - McClendon Center/ NY Ave. Presbyterian (elderly)
 - Samaritan Ministry/NW (employment assistance for homeless)
 - Samaritan Ministry/SE (employment assistance for homeless)
- The following free meal programs are serving ALL homeless subpopulations, and serve a high proportion of chronically homeless:
 - 4th Street Friendship Community Services
 - Charlie's Place at St. Margaret's Church (street outreach, case management, meal, Latinos, serves chronically homeless)
 - Church of the Brethren (serves about 100 meals every weekday)
 - Church of the Pilgrim (has a street outreach ministry)
 - Dinner Program for Women (meal program; case management; serves chronically homeless)
 - First Church of the Nazarene
 - Florida Avenue Baptist Church (provides food and clothing for the homeless)
 - Miriam's Kitchen (serves a breakfast to 85-100 persons every weekday)
 - Missionaries of Charities (Mother Theresa) (street outreach, daily meal in downtown park, serves chronically homeless)
 - Mother Dear's Community Center
 - NY Avenue Presbyterian/ McClendon Center (focus is on elderly persons)
 - Purity Baptist Church
 - Sacred Heart Church (Dinner) (serves Latinos, collaborates with Neighbors Consejo)
 - So Others Might Eat (serves 800-1,000 meals every weekday)
 - St. Paul's Church Supper Club
 - St. Paul's Episcopal Grate Patrol (street outreach with meals on weekend; serves chronically homeless)
 - St. Stephen's and the Incarnation Church
 - Tenth Street Baptist Church
 - Third Street Church of God
 - Union Temple Soul Bowl
 - Zacchaeus Community Kitchen (serves 150-200 meals every weekday)
- Another point of contact for homeless people on the street is the system of free medical clinics (funded through the DC Health Care Alliance); the following serve many chronically homeless persons:
 - Christ House (has 32 inpatient beds along with outpatient services)
 - La Clinica del Pueblo (focused on serving the Latino population)
 - Andromeda Health Services (focused on serving the Latino population)
 - Columbia Road Health Services
 - SOME Health Services (located on site with the soup kitchen for easy accessibility)

- Unity Health Care (operates an outreach medical van that roams throughout the District)
- Washington Free Clinic
- Zacchaeus Free Clinic (partner with Bread for the City to offer case management services)

(2) Describe the outreach activities that occur for other homeless persons.

Outreach to **Veterans:**

- U.S. Vets – DC Metro Site AmeriCorps project provides AmeriCorps workers who do outreach to and assessment of homeless veterans in the streets and shelters. Outreach workers were deployed in 2003 to the following programs: the Compensated Work Therapy program at the *VA Medical Center*, Leland House and Joshua House and the Center for Employment Training at *So Others Might Eat*, the Blair House and Emery Shelter with 250 beds operated by *Coalition for the Homeless*. In addition to these, depending on AmeriCorps funding, plans for 2004 call for placing workers with the *Third Street Church of God* breakfast program and the “Ignatia House” Shelter Plus Care site operated by *U.S. Vets*.
- The Washington Area Veterans Employment Program (WAVE) is a collaboration between the VA Medical Center, Access Housing, and US Vets to place homeless veterans in permanent employment.
- The VA Medical Center has a street outreach worker and a full-time social worker who specialize in serving homeless veterans on the streets, in shelters and at the hospital. Healthcare for Homeless Veterans is operated out of the VA Medical Center.

Outreach to **Mentally Ill:**

- The Department of Mental Health has a homeless street outreach team consisting of one nurse, one psychiatrist and three street outreach workers. DMH does crisis assessments on demand for homeless folks on the streets and in shelters. The team visits 11 sites on a weekly basis and has an additional six sites where Psychiatry Residents provide prescriptions under the psychiatrist’s supervision. It also directly runs four Assertive Community Treatment (ACT) Teams and has certified two others that serve consumers who are homeless. ACT Team members go out to see homeless individuals in the shelters and CoC housing.
- DMH operates a daytime drop-in center for mentally ill persons (Our House) in downtown D.C.
- DMH provides a mental health worker to the Downtown BID Service Center that provides support services for people living in the streets.
- DMH deploys outreach workers for mentally ill persons under the supervision of Michele May, the DMH Homeless Services Coordinator.
- Downtown BID Service Center, DMH, Travelers Aid and Greyhound Bus Lines operate a program for SMI persons who travel to D.C. to see political leaders and then get stranded when their funds are gone. Outreach is available at the bus station to link persons to services, and travel assistance to go home is available when they are ready to go home.
- Our Turn day center for SMI operates in the Columbia Heights neighborhood, under contract with DMH.

Outreach to **Substance Abusers:**

- The drop-in centers and street outreach programs listed above all provide outreach to substance abusers. In addition, the D.C. Department of Health/Addiction Prevention and Recovery Program (APRA), through its sub-grantee community partner (Unity Healthcare, Inc.) in collaboration with Family Medical and Counseling Services, Inc. and the DOH/HIV-AIDS Administration, operates "Project Orion," a mobile medical outreach and intake unit. Project

Orion provides prevention education, prevention case management, infectious disease screening (HIV, STD, TB and Hepatitis), and linkage to substance abuse treatment/primary medical care. Its mission is to reduce the transmission of HIV among drug users. In FY 02, Project Orion provided services to 31,711 outreach contacts; 1,489 of these received some type of clinical service on the unit, and 1,015 were linked to medical detoxification, outpatient and /or inpatient treatment.

- The US Vets/AmeriCorps outreach program for homeless veterans assesses and refers persons on the street and in shelters for admittance to the substance abuse treatment program operated by the VA hospital in Martinsburg, WV.
- Clean and Sober Streets, a drug treatment and recovery program at the Federal City Shelter, works with the Downtown BID and Golden Triangle BID to serve men and women with addictions on the streets of the D.C. central business district; they work also with the DC Central Kitchen First Helping mobile outreach van to extend services to substance abusers living on the streets.

Outreach to persons living with **HIV/AIDS**:

- The D.C. Comprehensive AIDS Resource Education Consortium provides treatment education, peer education and assistance with housing to many at-risk populations including the homeless.
- The National Minority AIDS Council resource directory list 30 organizations within the District of Columbia who are involved with outreach to persons at risk of or living with AIDS, and 10 of these target some part of their programming to homeless persons.
- Damien Ministries (food bank, case management, drop-in services at Shaw HQ, serves 1,000 annually)
- Food and Friends (food delivery to persons living with AIDS)
- Whitman-Walker Clinic NW (headquarters) provides street outreach, prevention education, HIV counseling and case management, medical case management and medical care, and supportive housing for many at-risk populations including the homeless.
- Whitman-Walker Clinic SE (Max Robinson Center) – serves southeast DC and Anacostia.
- Family Medical Counseling Services does outreach and offers case management and medical care to families living with HIV/AIDS.

Outreach to homeless **Youth**:

- Covenant House DC Community Outreach Center/SE and Covenant House DC Community Outreach Center/NE provide street outreach/canvassing, a respite center and emergency shelter, and case management services.
- The Consortium for Child Welfare leads the Family Ties Project, a collaboration of 20 legal, medical and residential service organizations that addresses the issues of, and provides services to, children who are orphaned by HIV/AIDS.
- Latin American Youth Center provides service to homeless Latino and other youth in the Mount Pleasant & Columbia Heights neighborhoods.
- Sasha Bruce Youthworks operates emergency and transitional shelters for homeless teens.
- The Safe Harbor program at fire halls and other public facilities provides a way for runaway youth to come inside and get help.

(1) The Partnership, DMH, Unity Healthcare, the office of Deputy Mayor Carolyn Graham, the VA Medical Center and Pathways to Housing, Inc. of New York City collaborated to put in a proposal to the Interagency Council on Homelessness to create the DC-Pathways Initiative, which will reach out to 85 chronically homeless, dually-diagnosed men and women on streets – including veterans –

and bring them into permanent supportive housing using the “housing first” approach backed by the Pathways ACT Team.

(2) The Downtown BID Service Center in the NW downtown area, which does street outreach and incorporates several District mainstream programs (employment, drug and alcohol treatment, mental health), has been a successful model of removing chronically homeless persons from the streets. The Social Services Committee of the Focus Group is recommending that up to four strategically located Services Centers be put in place to deliver services to people on the streets and in low-barrier emergency shelters.

3. Address the emergency and transitional housing needs of homeless persons

Individuals

Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	2,081	0	250
	Transitional Housing	1,142	0	75
	Permanent Supportive Housing	1,395	238	1,762
	Total	4,618	238	2,087

Persons in Families With Children

Beds	Emergency Shelter	790	0	330
	Transitional Housing	1,483	56	545
	Permanent Supportive Housing	1,116	0	3,300
	Total	3,389	56	4,175

Comparing annual numbers over several years can reveal trends in demand for and usage of the Continuum of Care.

In FY 2002 by the public and private Continuum of Care means that at least 13.2% and as much as 15% of the District’s poor experienced being homeless over the course of a year.

In one year’s time, at least 1 in 8 of all District residents living in poverty was homeless at some time or living within a homeless Continuum of Care facility.

The homeless problem can be measured not just as a percent of people in poverty, but also as a percent of all District citizens. The 15,200 estimate of persons who experienced homelessness in FY2002 translates to 2.7% of the District’s total population of 571,822. The 17,340 estimated figure is 3.0% of the total population.

In FY 2002 at least 1 out of every 37 District citizens, and as many as 1 in 33, was homeless and/or resided in a homeless Continuum of Care facility at some time.

Trends: Given the context of extensive poverty and the increasing difficulty of finding affordable housing, the Continuum of Care constantly struggles to keep up with the needs. Data from Community Partnership program reports since 1996 show the following trends:

- **The number of persons living in the streets at any point in time has fallen** from an estimated 1,800 persons in 1993 to an estimated 500 persons in FY2003. In the winter months, due to increased “hypothermia shelter” beds, this number falls to about 100 persons.
- **Homelessness among adults has been rising:** The number of homeless men served by public continuum of care programs rose 9% between 2001 and 2002 while the number of homeless women rose by 22% in that period.
- **After dropping for three years, demand for family shelter rose between 2000 and 2002.** The annual demand from families seeking shelter fell almost one-third from 1,406 families in 1996 to 962 families in 1999. However, it rose in 2000 to 1,276 families who sought emergency shelter and to 2,278 families in 2001, then rose again in 2002 to 2,613 families. Overall the demand for family shelter was 172% higher in 2002 than it was at its low point in 1999.

4. Describe how the jurisdiction will assist homeless persons to make the transition to permanent housing and independent living.

The District’s strategy to end homelessness includes:

Creating supportive housing to replace emergency shelters for the chronically homeless.

Data from the District’s emergency shelters are showing that about 50% of shelter bed nights are consumed by the 10% of shelter users who are chronically homeless. This is a common pattern observed in many cities and suggests that the chronically homeless are using emergency shelters as year-round “housing.” It also suggests that housing these persons with appropriate supportive services could allow the District to downsize the emergency shelter system to about half the number of beds it has now, given that the average length of stay for all emergency shelter users is 45 days. A fewer number of emergency beds that turn over eight times a year would still provide the capacity to handle the emergency needs of the people for whom homelessness is a short-lived experience. Resources can then be moved to more permanent housing. At the same time the provision of supportive housing for the chronically homeless will provide a better quality of life for these persons and cost about the same in public services as keeping them on the streets or in emergency shelters.

- *6,000 units of affordable housing over the next ten years:* Under the leadership of the Deputy Mayors for Children, Youth, Families and Elders and for Economic Development, the District and institutional funders such as Fannie Mae, LISC and the AFL-CIO Housing Investment Trust will collaborate to produce 3,000 SRO units for individuals and 3,000 units of housing affordable to low income families. The District’s plan will ensure that 2,000 of the SRO units will be service-enriched supportive housing to bring inside the estimated 1,200 chronically homeless as well another 800 adults who are episodically homeless. That will leave 1,000 units of affordable SRO housing for adults that will help extremely low-income (but not disabled) adults to stay out of the shelters. Local dollars will be leveraged with McKinney funds and other federal funds such as HUD §§811, 202, 8 and Annual Contribution Contracts. The plan proposes using the District’s Vacant and Abandoned Properties Initiative to acquire suitable properties for development.

Toward these ends the District’s Housing Production Trust Fund made \$20 million available in August 2002 to support the creation, rehabilitation and preservation of 2,055 units of affordable

housing for low- and moderate income households. In the face of the steeply rising cost of housing, the city is acting to preserve affordable units in order to prevent homelessness, but taking the steps it can to support providers who come forward with projects for supportive housing. The August 2002 solicitation funded 34 new units for homeless families who face multiple barriers to independent living and 18 new units of permanent affordable housing for mentally ill individuals. In June 2003 DHCD issued an RFP for \$35 million in Trust Fund and block grants to support affordable housing, including \$5 million targeted to special needs and permanent supportive housing.

- *Full integration of mainstream public systems and funding*: Legislation now before City Council calls for the establishment of an Interagency Council (IAC) that will coordinate and integrate mainstream city and federal services for the homeless. The Social Services Committee of the Focus Group has called for forming a Discharge Planning Task Force so that courts, jails, mental health and foster care systems will prevent chronically homeless persons from exiting to streets or shelter. The committee has also called for the establishment of four service centers to deliver mainstream services to the chronically homeless (and others) more effectively. DMH has reorganized to deliver its services through 16 community-based “core service agencies” (CSA’s) that ease access to services for the mentally ill and are funded by a Medicaid Rehab Option to maximize mainstream funding (for example, the proposal to ICH rests on the MRO model for sustainability). DMH is modeling the ACT teams it funds on the highly regarded *Pathways to Housing* program, which will expand its capacity to offer the “housing first” model for moving seriously mentally ill people off the streets.

5. Describe the jurisdiction’s continuum of care:

The District’s Continuum of Care starts with prevention efforts to help people stay in their homes (see Prevention description above). It includes outreach to persons in the streets and those at imminent risk of being forced into the streets (see Outreach description above). It provides:

- **Emergency shelter** that consists of both overnight-only shelter and 24-hour facilities. For most adults it is needed for less than 60 days out of a year, but for the chronically homeless is often used for much longer. Emergency shelter for families is 24-hour and the stay is limited to less than six months.
- **Transitional housing** that provides adults and families a longer-term stay – up to two years – in programs that provide rehabilitative and supportive services to prepare people for self-sufficient living. Persons in transitional housing are considered “literally homeless” because they have no lease or other right to remain in the housing permanently.
- **Permanent supportive housing** that serves people who were are “formerly homeless” but continue to be at risk. A serious disability may make self-sufficient living unlikely, so the care extends into permanent housing programs supported by local and federal “homeless” dollars so that they do not become homeless again.
- **Support services** address employment, physical health, mental health, substance abuse recovery, childcare and other needs. These preventive and restorative services help homeless people achieve self-directed lives.

6. Describe the nature and extent of homelessness by racial and ethnic groups, to the extent that the information is available:

Subpopulations and special needs

Subpopulations of Homeless	Individuals	Persons in Families*
Chronic Substance Abusers (CSA)	36.0%	28.0%
Seriously Mentally Ill (SMI)	19.0%	12.0%
Dually Diagnosed (CSA/SMI)	16.0%	13.0%
Veterans	20.0%	33.0% (of men)
Persons living with HIV/AIDS	12.0%	12.0%
Domestic Violence Victims	19.0%	55.0%
Unaccompanied Youth (16-21 years)	2.6%	na
African-American	80%	98%
Caucasian and other	10%	2%
Latino	10%	10%
* primarily applies to adults, but children are affected as well		

Source: The Community Partnership for the Prevention of Homelessness

The homeless population is comprised of numerous subpopulations with special service and housing needs and/or suffering with various disabilities. Drawing upon a point-in-time survey of homeless clients conducted on January 22, 2003 and upon national data, the table above indicates the estimated percentages of individuals (adults and unaccompanied youth) and persons in families who are fall into subpopulations with special needs.

Document prepared and submitted by Lynn French, Office of the Deputy Mayor for Children, Youth, Families and Elders.

APPENDIX C. CDBG-ELIGIBLE CENSUS TRACTS WITH MINORITY CONCENTRATION DATA

Census Tract	Total Population	White	Black/African American	American Indian/Alaskan Native	Asian	Native Hawaiian/Other Pacific Islander	Some Other Race	Two or More Races	*Hispanic/Latino	Ward
18.03	3,066	381	2,146	7	49	1	351	131	646	4
18.04	4,156	322	2,995	4	35	4	630	166	1,003	4
20.01	2435	538	1,510	11	34	2	247	93	496	4
21.01	5,233	253	4,241	16	45	5	488	185	812	4
25.02	5486	630	3,087	25	39	3	1422	280	2130	4
27.01	5,742	2,184	1,737	37	403	3	969	409	1,628	1
28.01	3629	536	1,842	26	81	5	873	266	1414	1
28.02	4,700	973	1,524	38	337	11	1,527	290	2,398	1
29.00	4189	509	2,285	27	48	0	1016	304	1610	1
30.00	2,829	373	1,930	5	27	0	422	72	663	1
31.00	2755	334	1,839	11	17	5	467	82	824	1
32.00	4,480	249	3,676	27	9	0	377	142	670	1
34.00	4249	153	3,903	9	31	0	50	103	129	1
35.00	3,498	156	2,936	9	34	1	212	150	371	1
36.00	3915	517	2,427	15	124	0	632	200	924	1
37.00	4,990	979	2,839	26	101	4	862	179	1,629	1
46.00	2997	103	2,713	15	39	1	76	50	144	5
47.00	4,382	125	4,034	15	115	1	29	63	49	2
48.01	1876	219	1,448	9	74	0	81	45	176	2
48.02	2,853	209	2,172	9	333	0	94	36	174	2
49.02	2286	610	1,373	24	52	0	178	49	610	2
50.00	7,278	2,746	2,693	29	398	2	1,013	397	2,145	2
52.01	4559	2685	1,058	28	322	10	286	170	588	2
52.02	760	325	163	3	154	0	67	48	140	2
54.02	1	0	0	0	1	0	0	0	0	2
57.01	4,361	3,246	311	7	653	12	54	78	201	2
59.00	1856	170	1,522	5	59	1	31	68	75	6
60.02	608	7	586	6	2	0	0	7	8	6
62.02	12	7	5	0	0	0	0	0	0	2
64.00	2240	79	2034	11	45	0	30	41	60	2
68.01	1997	111	1,847	3	8	0	6	22	20	6
68.04	2628	221	2280	2	20	0	64	41	122	6
71.00	2818	241	2,417	9	57	1	46	47	82	6
72.00	1825	60	1732	4	7	2	4	16	22	6
73.02	3261	63	3,123	3	10	0	23	39	42	8
73.04	4665	40	4564	17	6	0	1	37	20	8
73.08	377	25	321	3	2	0	17	9	42	8
74.01	2996	14	2943	1	0	0	12	26	27	8
74.03	2308	10	2,262	6	1	0	10	19	14	8
74.04	3314	22	3267	3	0	0	1	21	30	8
74.06	3227	5	3,208	5	0	0	1	8	22	8
74.07	2373	29	2305	10	8	1	4	16	25	8
74.08	2166	3	2,146	0	0	0	0	17	10	8
74.09	3444	9	3390	0	1	0	16	28	33	8
75.02	4221	42	4,101	3	8	0	5	62	34	8
75.03	2515	28	2445	3	5	1	4	29	26	8
75.04	2358	21	2,296	4	13	0	3	21	21	8

76.01	4572	118	4378	9	3	0	29	35	57	8
76.03	4255	276	3,858	9	21	0	23	68	52	7
76.04	3764	138	3555	10	13	0	19	29	22	7
76.05	3721	48	3,591	8	16	0	0	58	30	7
77.03	4615	39	4439	12	7	3	66	49	104	7
77.07	3796	23	3,708	11	8	0	1	45	15	7
77.08	2706	16	2660	5	2	0	1	22	7	7
77.09	1979	29	1,898	8	9	0	7	28	35	7
78.03	3092	33	3014	3	5	0	10	27	32	7
78.04	3390	21	3,326	5	5	0	4	29	19	7
78.06	2133	9	2093	9	4	0	2	16	13	7
78.07	1911	8	1,863	4	5	0	9	22	23	7
78.08	4012	22	3941	7	4	0	10	28	29	7
78.09	2667	34	2,592	4	2	0	13	22	31	7
79.01	3680	29	3573	6	12	1	29	30	52	6
84.02	1506	55	1,379	5	8	0	27	32	39	6
87.02	1916	49	1748	19	5	0	55	40	71	5
88.02	4160	55	4,010	13	9	0	14	59	57	5
88.03	1918	656	1132	8	47	2	12	61	87	5
88.04	2277	5	2,220	11	9	1	3	28	11	5
89.03	2396	20	2321	5	13	0	12	25	35	5
89.04	3248	31	3,152	16	1	0	19	29	35	5
89.05	2	0	0	0	2	0	0	0	0	5
90.00	2263	13	2,195	7	3	1	10	34	27	5
91.02	4400	34	4257	12	10	8	24	55	67	5
92.01	1381	276	1,004	2	20	0	43	36	73	5
92.03	2861	63	2675	15	19	0	37	52	74	5
92.04	2322	41	2,190	7	8	0	59	17	101	5
95.01	5264	1838	3130	15	111	1	97	72	197	5
95.05	2671	71	2,503	3	8	0	35	51	62	4
96.02	3106	10	3046	9	5	3	13	20	31	7
96.03	3230	13	3,158	8	9	2	2	38	29	7
96.04	1982	13	1940	7	1	0	8	13	17	7
97.00	2309	3	2,281	1	2	0	2	20	2	8
98.01	2091	1	2051	6	10	0	13	10	16	8
98.02	1806	6	1,776	2	3	0	0	19	7	8
98.03	2236	25	2164	3	5	0	12	27	20	8
98.04	2566	15	2,510	5	3	0	10	23	22	8
98.06	5948	45	5815	14	11	2	13	48	29	8
98.07	3238	54	3,136	1	16	4	0	27	28	8
98.08	2468	21	2407	5	4	1	4	26	22	8
98.09	723	107	593	6	5	0	9	3	14	8
99.03	2081	6	2041	8	1	0	1	24	12	7
99.04	1863	18	1,819	6	0	2	0	18	17	7
99.05	2670	14	2631	0	4	0	2	19	9	7
99.06	1550	10	1,516	1	3	1	3	16	12	7
99.07	3037	23	2990	1	2	1	10	10	25	7

APPENDIX D. MAP OF TARGET AREAS WITH CENSUS TRACTS

